

Etsale Brodman



NATIONAL LIBRARY OF MEDICINE  
WASHINGTON, D. C.

**SURVEY OF NATIONAL INSTITUTES OF HEALTH LIBRARY  
Bethesda, Md.**

by

**Estelle Brodman  
Chief  
Reference Division  
Army Medical Library**

**Washington, D. C.  
January 1951**

Arch

Z

675. M4

8 B864s

1951

C.3

NATIONAL LIBRARY OF MEDICINE  
WASHINGTON, D. C.

# TABLE OF CONTENTS

	Page
PROBLEM . . . . .	1
HISTORY OF NATIONAL INSTITUTES OF HEALTH LIBRARY . . . . .	2
LIBRARY USERS . . . . .	3
METHODOLOGY OF SURVEY . . . . .	4
FINDINGS	
<u>Collection</u> . . . . .	6
Periodicals . . . . .	6
Monographs . . . . .	8
Government Documents . . . . .	10
(Back files) . . . . .	10
<u>Budget</u> . . . . .	12
Binding . . . . .	12
Exchanges . . . . .	13
<u>Equipment &amp; Facilities</u> . . . . .	14
Chemistry reading room . . . . .	14
Microfilms & Photostats . . . . .	15
Reading space . . . . .	16
Current periodical reading room . . . . .	17
<u>Services</u> . . . . .	18
Centralization vs. decentralization . . . . .	18
Bibliographic services . . . . .	22
Catalog . . . . .	24
Reference work . . . . .	26
SUMMARY	
<u>Technical Appendix</u>	
Overall impression of library . . . . .	28

1	Introduction	1
2	Objectives of the Survey	2
3	Methodology	3
4	Results	4
5	Discussion	5
6	Conclusion	6
7	References	7
8	Appendix A	8
9	Appendix B	9
10	Appendix C	10
11	Appendix D	11
12	Appendix E	12
13	Appendix F	13
14	Appendix G	14
15	Appendix H	15
16	Appendix I	16
17	Appendix J	17
18	Appendix K	18
19	Appendix L	19
20	Appendix M	20
21	Appendix N	21
22	Appendix O	22
23	Appendix P	23
24	Appendix Q	24
25	Appendix R	25
26	Appendix S	26
27	Appendix T	27
28	Appendix U	28
29	Appendix V	29
30	Appendix W	30
31	Appendix X	31
32	Appendix Y	32
33	Appendix Z	33
34	Appendix AA	34
35	Appendix AB	35
36	Appendix AC	36
37	Appendix AD	37
38	Appendix AE	38
39	Appendix AF	39
40	Appendix AG	40
41	Appendix AH	41
42	Appendix AI	42
43	Appendix AJ	43
44	Appendix AK	44
45	Appendix AL	45
46	Appendix AM	46
47	Appendix AN	47
48	Appendix AO	48
49	Appendix AP	49
50	Appendix AQ	50
51	Appendix AR	51
52	Appendix AS	52
53	Appendix AT	53
54	Appendix AU	54
55	Appendix AV	55
56	Appendix AW	56
57	Appendix AX	57
58	Appendix AY	58
59	Appendix AZ	59
60	Appendix BA	60
61	Appendix BB	61
62	Appendix BC	62
63	Appendix BD	63
64	Appendix BE	64
65	Appendix BF	65
66	Appendix BG	66
67	Appendix BH	67
68	Appendix BI	68
69	Appendix BJ	69
70	Appendix BK	70
71	Appendix BL	71
72	Appendix BM	72
73	Appendix BN	73
74	Appendix BO	74
75	Appendix BP	75
76	Appendix BQ	76
77	Appendix BR	77
78	Appendix BS	78
79	Appendix BT	79
80	Appendix BU	80
81	Appendix BV	81
82	Appendix BW	82
83	Appendix BX	83
84	Appendix BY	84
85	Appendix BZ	85
86	Appendix CA	86
87	Appendix CB	87
88	Appendix CC	88
89	Appendix CD	89
90	Appendix CE	90
91	Appendix CF	91
92	Appendix CG	92
93	Appendix CH	93
94	Appendix CI	94
95	Appendix CJ	95
96	Appendix CK	96
97	Appendix CL	97
98	Appendix CM	98
99	Appendix CN	99
100	Appendix CO	100
101	Appendix CP	101
102	Appendix CQ	102
103	Appendix CR	103
104	Appendix CS	104
105	Appendix CT	105
106	Appendix CU	106
107	Appendix CV	107
108	Appendix CW	108
109	Appendix CX	109
110	Appendix CY	110
111	Appendix CZ	111
112	Appendix DA	112
113	Appendix DB	113
114	Appendix DC	114
115	Appendix DD	115
116	Appendix DE	116
117	Appendix DF	117
118	Appendix DG	118
119	Appendix DH	119
120	Appendix DI	120
121	Appendix DJ	121
122	Appendix DK	122
123	Appendix DL	123
124	Appendix DM	124
125	Appendix DN	125
126	Appendix DO	126
127	Appendix DP	127
128	Appendix DQ	128
129	Appendix DR	129
130	Appendix DS	130
131	Appendix DT	131
132	Appendix DU	132
133	Appendix DV	133
134	Appendix DW	134
135	Appendix DX	135
136	Appendix DY	136
137	Appendix DZ	137
138	Appendix EA	138
139	Appendix EB	139
140	Appendix EC	140
141	Appendix ED	141
142	Appendix EE	142
143	Appendix EF	143
144	Appendix EG	144
145	Appendix EH	145
146	Appendix EI	146
147	Appendix EJ	147
148	Appendix EK	148
149	Appendix EL	149
150	Appendix EM	150
151	Appendix EN	151
152	Appendix EO	152
153	Appendix EP	153
154	Appendix EQ	154
155	Appendix ER	155
156	Appendix ES	156
157	Appendix ET	157
158	Appendix EU	158
159	Appendix EV	159
160	Appendix EW	160
161	Appendix EX	161
162	Appendix EY	162
163	Appendix EZ	163
164	Appendix FA	164
165	Appendix FB	165
166	Appendix FC	166
167	Appendix FD	167
168	Appendix FE	168
169	Appendix FF	169
170	Appendix FG	170
171	Appendix FH	171
172	Appendix FI	172
173	Appendix FJ	173
174	Appendix FK	174
175	Appendix FL	175
176	Appendix FM	176
177	Appendix FN	177
178	Appendix FO	178
179	Appendix FP	179
180	Appendix FQ	180
181	Appendix FR	181
182	Appendix FS	182
183	Appendix FT	183
184	Appendix FU	184
185	Appendix FV	185
186	Appendix FW	186
187	Appendix FX	187
188	Appendix FY	188
189	Appendix FZ	189
190	Appendix GA	190
191	Appendix GB	191
192	Appendix GC	192
193	Appendix GD	193
194	Appendix GE	194
195	Appendix GF	195
196	Appendix GG	196
197	Appendix GH	197
198	Appendix GI	198
199	Appendix GJ	199
200	Appendix GK	200
201	Appendix GL	201
202	Appendix GM	202
203	Appendix GN	203
204	Appendix GO	204
205	Appendix GP	205
206	Appendix GQ	206
207	Appendix GR	207
208	Appendix GS	208
209	Appendix GT	209
210	Appendix GU	210
211	Appendix GV	211
212	Appendix GW	212
213	Appendix GX	213
214	Appendix GY	214
215	Appendix GZ	215
216	Appendix HA	216
217	Appendix HB	217
218	Appendix HC	218
219	Appendix HD	219
220	Appendix HE	220
221	Appendix HF	221
222	Appendix HG	222
223	Appendix HH	223
224	Appendix HI	224
225	Appendix HJ	225
226	Appendix HK	226
227	Appendix HL	227
228	Appendix HM	228
229	Appendix HN	229
230	Appendix HO	230
231	Appendix HP	231
232	Appendix HQ	232
233	Appendix HR	233
234	Appendix HS	234
235	Appendix HT	235
236	Appendix HU	236
237	Appendix HV	237
238	Appendix HW	238
239	Appendix HX	239
240	Appendix HY	240
241	Appendix HZ	241
242	Appendix IA	242
243	Appendix IB	243
244	Appendix IC	244
245	Appendix ID	245
246	Appendix IE	246
247	Appendix IF	247
248	Appendix IG	248
249	Appendix IH	249
250	Appendix II	250
251	Appendix IJ	251
252	Appendix IK	252
253	Appendix IL	253
254	Appendix IM	254
255	Appendix IN	255
256	Appendix IO	256
257	Appendix IP	257
258	Appendix IQ	258
259	Appendix IR	259
260	Appendix IS	260
261	Appendix IT	261
262	Appendix IU	262
263	Appendix IV	263
264	Appendix IW	264
265	Appendix IX	265
266	Appendix IY	266
267	Appendix IZ	267
268	Appendix JA	268
269	Appendix JB	269
270	Appendix JC	270
271	Appendix JD	271
272	Appendix JE	272
273	Appendix JF	273
274	Appendix JG	274
275	Appendix JH	275
276	Appendix JI	276
277	Appendix JJ	277
278	Appendix JK	278
279	Appendix JL	279
280	Appendix JM	280
281	Appendix JN	281
282	Appendix JO	282
283	Appendix JP	283
284	Appendix JQ	284
285	Appendix JR	285
286	Appendix JS	286
287	Appendix JT	287
288	Appendix JU	288
289	Appendix JV	289
290	Appendix JW	290
291	Appendix JX	291
292	Appendix JY	292
293	Appendix JZ	293
294	Appendix KA	294
295	Appendix KB	295
296	Appendix KC	296
297	Appendix KD	297
298	Appendix KE	298
299	Appendix KF	299
300	Appendix KG	300
301	Appendix KH	301
302	Appendix KI	302
303	Appendix KJ	303
304	Appendix KK	304
305	Appendix KL	305
306	Appendix KM	306
307	Appendix KN	307
308	Appendix KO	308
309	Appendix KP	309
310	Appendix KQ	310
311	Appendix KR	311
312	Appendix KS	312
313	Appendix KT	313
314	Appendix KU	314
315	Appendix KV	315
316	Appendix KW	316
317	Appendix KX	317
318	Appendix KY	318
319	Appendix KZ	319
320	Appendix LA	320
321	Appendix LB	321
322	Appendix LC	322
323	Appendix LD	323
324	Appendix LE	324
325	Appendix LF	325
326	Appendix LG	326
327	Appendix LH	327
328	Appendix LI	328
329	Appendix LJ	329
330	Appendix LK	330
331	Appendix LL	331
332	Appendix LM	332
333	Appendix LN	333
334	Appendix LO	334
335	Appendix LP	335
336	Appendix LQ	336
337	Appendix LR	337
338	Appendix LS	338
339	Appendix LT	339
340	Appendix LU	340
341	Appendix LV	341
342	Appendix LW	342
343	Appendix LX	343
344	Appendix LY	344
345	Appendix LZ	345
346	Appendix MA	346
347	Appendix MB	347
348	Appendix MC	348
349	Appendix MD	349
350	Appendix ME	350
351	Appendix MF	351
352	Appendix MG	352
353	Appendix MH	353
354	Appendix MI	354
355	Appendix MJ	355
356	Appendix MK	356
357	Appendix ML	357
358	Appendix MM	358
359	Appendix MN	359
360	Appendix MO	360
361	Appendix MP	361
362	Appendix MQ	362
363	Appendix MR	363
364	Appendix MS	364
365	Appendix MT	365
366	Appendix MU	366
367	Appendix MV	367
368	Appendix MW	368
369	Appendix MX	369
370	Appendix MY	370
371	Appendix MZ	371
372	Appendix NA	372
373	Appendix NB	373
374	Appendix NC	374
375	Appendix ND	375
376	Appendix NE	376
377	Appendix NF	377
378	Appendix NG	378
379	Appendix NH	379
380	Appendix NI	380
381	Appendix NJ	381
382	Appendix NK	382
383	Appendix NL	383
384	Appendix NM	384
385	Appendix NN	385
386	Appendix NO	386
387	Appendix NP	387
388	Appendix NQ	388
389	Appendix NR	389
390	Appendix NS	390
391	Appendix NT	391
392	Appendix NU	392
393	Appendix NV	393
394	Appendix NW	394
395	Appendix NX	395
396	Appendix NY	396
397	Appendix NZ	397
398	Appendix OA	398
399	Appendix OB	399
400	Appendix OC	400
401	Appendix OD	401
402	Appendix OE	402
403	Appendix OF	403
404	Appendix OG	404
405	Appendix OH	405
406	Appendix OI	406
407	Appendix OJ	407
408	Appendix OK	408
409	Appendix OL	409
410	Appendix OM	410
411	Appendix ON	411
412	Appendix OO	412
413	Appendix OP	413
414	Appendix OQ	414
415	Appendix OR	415
416	Appendix OS	416
417	Appendix OT	417
418	Appendix OU	418
419	Appendix OV	419
420	Appendix OW	420
421	Appendix OX	421
422	Appendix OY	422
423	Appendix OZ	423
424	Appendix PA	424
425	Appendix PB	425
426	Appendix PC	426
427	Appendix PD	427
428	Appendix PE	428
429	Appendix PF	429
430	Appendix PG	430
431	Appendix PH	431
432	Appendix PI	432
433	Appendix PJ	433
434	Appendix PK	434
435	Appendix PL	435
436	Appendix PM	436
437	Appendix PN	437
438	Appendix PO	438
439	Appendix PP	439
440	Appendix PQ	440
441	Appendix PR	441
442	Appendix PS	442
443	Appendix PT	443
444	Appendix PU	44



## SURVEY OF THE NATIONAL INSTITUTES OF HEALTH LIBRARY

### Problem

A library has three main parts to it: its collection, its equipment, and its services. Each of these three parts is intimately connected with the adequacy with which the library serves its readers, while the inter-relationships of the three parts have an important bearing on any use made of the library. Concrete examples of this may be seen in libraries which have grown beyond a certain size. In these libraries services which had been offered freely when the library was small become burdensome to the library when large; while conversely records not needed when the library staff was small must be added when the staff grows. It is valuable, therefore, for a library to stop now and then to evaluate its position in respect to its collection, its equipment, and its services, and to make plans for the future.

The library of the National Institutes of Health had reached a logical point for such an evaluation by the fall of 1950, for the retirement of the librarian who had been there for many years and the appointment of a new librarian from another library were accomplished facts, while a move to newer and more commodious quarters was in the near offing. At this juncture the National Institutes of Health invited the Chief of the Reference Division of the Army Medical Library to assist the new librarian of the Institutes in conducting a survey of the library. This is a report of the survey, and it is divided into two parts: the general report and a technical appendix for the use of the librarian.





## History of the National Institutes of Health Library

The present library of the National Institutes of Health is composed of two libraries which had originally been established to aid two groups of people: the old Institute of Health (formerly the Hygienic Laboratory) and the Public Health Service. Because the work being carried on by these two groups was different, the library collections and services were also different. Ever since its founding in 1901, the Hygienic Laboratory-National Institutes of Health have been interested in research in the basic medical sciences, bacteriology, pathology, chemistry, physics, and the like. The library collected for workers in this field was, therefore, logically given over to works in these fields, with emphasis on long runs of journal titles.

The Public Health Service, on the other hand, has always been interested in the application of basic knowledge in medicine to the problems of people in the realm of health and disease. The beginnings of the Public Health Service go back to the earliest days of the country's existence in the establishment of marine hospitals, paid for out of the monthly wages of the seamen themselves. The Public Health Service has been placed under two divisions of the federal government since its founding, the Treasury Department from 1789 to 1939 and the Federal Security Agency since 1939, but it has always had as its primary object the health and well-being of the entire country. As a result of this emphasis, the library collected for the use of the staff of the Public Health Service was strong in administrative preventive medicine, and in statistical works, both official and non-official, dealing with the health of groups of people.





These two libraries were housed in two different places until World War II. The National Institutes of Health Library was situated at 25th and E Streets in Washington, while the Public Health Service Library had just moved into a new building on Constitution Avenue and 19th Street when the war gave such space a premium value. In 1938 the first buildings of the National Institutes of Health had gone up in Bethesda, a suburb of Washington, so that by the time the space occupied by the Public Health Service Library was needed for war work, it was impossible to move the Public Health Service Library into the same building in Bethesda in which the National Institutes of Health Library had been placed. Although these libraries were placed side by side in the building, they were not entirely integrated. In addition, certain services were continued to the members of the Public Health Service situated in the main Washington government area on a "remote control" basis. These facts have importance in all aspects of the present National Institutes of Health Library problems.

#### Library Users

The users of the library are of three kinds, each one of which uses the collections in a different way. The scientists in the basic sciences are intensely personal users of scientific literature, who search in the pertinent literature themselves, who have use for a relatively small number of journals, and want nothing of the library staff except map-like directions about the whereabouts of material in the library. The second group are the clinical or quasi-clinical users of literature, who range over a wider field than the first group, who do not know much about indexing and abstracting tools, and who are willing to let the library

from the University of London in the Department of Law.

From 1911 to 1913, the University of London was the only

to offer a degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

#### THE UNIVERSITY OF LONDON

The University of London was the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a

degree in Law, and the only one to offer a



staff do some of their searching for them, if the library staff can show competence within a short time. The final group are the non-scientific users of the library, the writers, the publicizers, the editorial assistants, who do not know the technical subjects about which they write except as laymen, and who are delighted to make use of the library staff in any way.

### Methodology of Survey

The surveyor came to the National Institutes of Health Library before the survey was undertaken, looked over the physical layout, spoke to the library staff, and discussed with the Librarian the problems he had already encountered and the questions he would like to have answered. Then the surveyor and the Librarian mapped out a tentative plan for the survey, which was submitted to the Library Committee on 13 November 1950 for approval by them. The actual survey took approximately four weeks from then to 22 December, with the surveyor on the reservation on a half-time basis.

The survey was broken up into three parts, corresponding to the three areas of the library. The resources of the library were tested by having standard lists of books and journals in some of the particular fields covered by the library checked against the library's holdings, to determine the library's strengths and weaknesses. The opinion of the experts was also sought, by questioning those who were interviewed about gaps in their field encountered in use of the library. In facilities and equipment, the emphasis of the survey was not on the facilities and equipment of the present library quarters, since it was known that the library was about to





move, but in 1) determining from users what equipment they would like to see in the new library, and 2) drawing up plans for the use of the architects of the new building, based on users' wishes as well as on standards of library architecture. The services which were given or should be given by the library were determined by interviewing members of the staffs of the various Institutes on a representative basis for every subject area and every kind of user of the National Institutes of Health Library. The adequacy of the sample chosen was determined by adding additional people to be interviewed and noting when the same responses were obtained. The library staff was also interviewed.

A list of the individuals who were interviewed, with a breakdown by Institute and subject of investigation or interest is given at the end of the report. Particular thanks should be given to all these people who generously gave from half an hour to an hour and a half discussing the library. If it did nothing else, the survey showed the great interest of members of the National Institutes of Health in their library. Since scientific work probably cannot continue on useful paths without an awareness of what others are doing or have done, such an attitude of interest in the literature collected by the library speaks highly for the scientific spirit of the National Institutes of Health staff.

In each case the surveyor had a list of topics about which she wished information from the person being interviewed. This list appears after the list of those interviewed in <sup>the</sup> Appendix of this report. Although these questions were in the back of the mind of the surveyor, they were not given to the interviewed person as a questionnaire; instead leading questions were asked and the interview allowed to take its course as





informally as possible. Toward the end of the interview the surveyor tried to bring in as many questions as possible which had not yet been touched upon. She also suggested that future ideas on the library would be welcomed by the Librarian. (Several individuals later sent memoranda to the Librarian with ideas that had occurred to them after they were interviewed.) Since the surveyor took notes during the interview, no time was needed for writing down the results after speaking to individuals. Occasionally, also, the person being interviewed would ask if he might bring in one or two other people from his division for the interview, since they too were interested in the problem. Indeed, at one time the surveyor conducted what would be more adequately described as a round table, rather than an interview, since there were five people engaged in talking to her at one sitting.

### Findings

#### Collection.

##### PERIODICALS

The library contains a well-selected group of periodicals in many of the fields covered by investigations at the National Institutes of Health. It is, perhaps, a little weak in some of the newer fields of investigation, such as statistical mathematics, certain areas of physics, and physical chemistry; but this is to be expected in view of the short time in which research in these fields has been conducted at the National Institutes of Health. The purchase of a small number of journals, whose titles have already been given to the Library, will probably bring these fields to the level of the others in the library.

Clinical journals, however, are another matter. With the advent of the new clinical center, the needs of clinicians, nurses, internes, and other workers with the patient will have to be met by the stocking of





a whole new series of clinical journals, for it is unfortunately true that basic clinical journals are entirely missing from the National Institutes of Health collection or are present only in files with serious gaps.

It must also be expected that a different set of criteria will be needed in choosing clinical journals, since clinicians (as opposed to scientists working in the basic sciences) tend to use many different journals at comparatively rare intervals each. A large number of different titles are therefore necessary, though in shorter runs.

As shown by Fussler<sup>(1)</sup> 95 percent of the journal articles used by chemists are dated from the previous fifty years, and 90 percent of the articles used by physicists are dated from the previous twenty-five years. It is probable, therefore, that in the field of chemistry and physics first purchase should be of sets from 1900 on, with files previous to 1900 being acquired later as funds permit. Similar figures for clinical and quasi-clinical subjects, however, are much smaller, with the ten-year file being entirely adequate for first purchase in clinical medicine, physiology, bacteriology, and the like.

The Library of Congress classification schedules used in the National Institute of Health Library call for the classification of all periodical literature and shelving by classification number. The trend in specialized libraries today is away from the compartmentalization of periodicals and toward the establishment of one long array of all the journals, arranged in an alphabetical order. This has been done on the a priori knowledge of librarians that readers very frequently cut across library subjects in their use of the technical literature. This knowledge has been borne out by

(1) Fussler, H. H. Characteristics of the research literature used by chemists and physicists in the United States. Lib. Quart. 19:19-35, 119-143, 1949.





the studies of Brodman<sup>(1)</sup> and especially by Fussler<sup>(2)</sup> who showed that only 40 percent of the periodical titles used by chemists and 20 percent of these used by physicists were classified by libraries under chemistry and physics. In view of these facts, it is recommended that the serial collection at the National Institutes of Health be thrown into one long alphabetical array for the greater ease of use by both readers and staff.

### Monographs

It appears, both from the remarks of the scientists being interviewed and from the checking of standard lists, that the library has not made a successful systematic attempt to keep its monographic resources at an adequate level. The majority of the textbooks and encyclopedias in the library are in superseded editions, and many new titles have never been acquired. The result of this, as well as its cause in some cases, has been the building up of small departmental and institute collections; by a vicious circle such divisional collections cut down on the pressure put on the central library to acquire these works.

It is a truism among librarians of scholarly collections that the excellence of the collections of many of the large college and university libraries is due not to the excellence of the subject knowledge of the library staff, but to the willingness of the members of the faculty to act as book selection advisors to the library in the areas of their special competence. Where for any reason the "specialists" have not aided the library, the library's collections have shown the effect. In the case of the National Institutes of Health, for whatever reason, the special staffs

(1) Brodman, E. Choosing physiology journals. Master's essay, Columbia University, 1943.

(2) Op. cit.





of the various institutes have not become a part of the acquisition process in the central library, and both the library and the research workers have suffered as a result.

In order to bring the monographic collections of the library up to standard, two things are necessary: older, but still standard, works must be acquired, and some method must be worked out to see that the present situation does not recur in the future. Lists of the standard monographs can be made up from publishers' catalogs and from recommended standard lists of scientific and professional associations, as well as from suggestions from users, a careful scanning of interlibrary loan requests, and the like. The purchase of these monographs in one year would probably be impossible, due to budgetary restrictions and the difficulty of locating out of print works. If it is not possible for the library to get an extra emergency budget for the acquisition of these works, it is recommended that lists of desiderata be set up with priorities, so that the most glaring omissions in the library's collections can be filled first.

In order to keep the present situation from recurring, it is recommended that each institute or subject field appoint a representative who will attempt to inform the library of new works in his field, and on whom the library can call for advice about individual purchases.

The non-scientific users of the National Institutes of Health library, discussed previously, have need for scientific literature written at a lay or semi-popular level. Up to now the National Institutes of Health library has not attempted to stock much of this literature. With the increasing numbers of such workers in Bethesda, especially with the establishment of the Clinic<sup>al</sup> Center, more effort, space, and money must be given to acquiring quasi-scientific works. Inadequate lists of such works exist and should be carefully scanned by the librarian.





### Government Documents

With the transfer of the Public Health Service Library, the National Institutes of Health collection obtained a large number of government statistics and documents, both American and foreign, relating to public health. Since little use is made of the foreign portion collection in Bethesda, with most of its use being in the nature of interlibrary loan to other sections of the Public Health Service in Washington proper, it is recommended that the entire collection of foreign documents be established closer to the actual users, either at Public Health Service or Army Medical Library.

A comparatively large portion of the time of the staff of the library is engaged in the handling of publications of state and local health divisions which are used only by a few control program workers of the present National Institutes of Health staff. The collection of such health bulletins is entirely proper in a library serving the Public Health Service; unfortunately, the Public Health Service workers are far removed from the collection, and consequently are unlikely to make adequate use of it. It is therefore recommended that this entire file be transferred, together with the documents mentioned above, to either the Public Health Service or the Army Medical Library, and that only a file of the current year be maintained at the National Institutes of Health for the use of the control programs.

### Back files of books and journals

Before World War II it was noted that in the past 50 to 100 years scholarly libraries in America had tended to double in size every 15-20 years.<sup>(1)</sup> Although the war has temporarily changed this pace, the growth

(1) Rider, Fremont. Scholar and Future of Research Library... N.Y., Madham Press, 1944. pp. 3-8.





of libraries continues at an astonishing rate, and it is as true of libraries as it is of biological organisms, that they grow fastest when they are youngest and smallest. The relevance of this to the problems of the National Institutes of Health library is obvious. No matter how adequate is the space now being set aside for the new National Institute of Health Library, it will soon be too small. The question of devising some method of taking care of the overflow must therefore be faced.

One method would be to get rid of books and journals on some automatic scheme--say age of volume. It is obvious that the rate of obsolescence varies from book to book and that some use is always made of a scientific periodical. Although this drastic measure may eventually become necessary in the National Institutes of Health, it is not recommended now for many reasons, primarily because of ease of use, but also because of the need to preserve as many copies of the records of our civilized heritage as possible, now that war and bombing seem probable with Washington likely to become a prime target for such onslaughts.

For the same reasons it is not recommended that the books and journals be put on microfilm and the originals destroyed, given away, or sold. Instead, it is recommended that older works be withdrawn from the main collection when the shelves become too full (over 80% full) and that they be reshelfed in library order in a storage space which will permit of ease of handling and obtaining them when called for. If possible, shelf space adequate for the total present collection of the National Institutes of Health should be provided as storage. This does not mean that space equivalent in size to the entire new library be set aside, but only space equivalent to the shelf space. Nor does this recommendation envisage upsetting previous decisions to keep the library a working collection of





not more than 100,000 volumes. It is felt, however, that the present weeding of any collection in a geographical section likely to become a bombing target must be done with care, and this takes more time than the library staff can reasonably give to it now.

#### Budget

The library's budget, outside of salaries, is inadequate for the purchase of the necessary books and journals, and its binding funds are pitiful indeed, as well as being uncertain. A comparison of some of the similar non-governmental libraries in respect to size of staff and budget is given in Figure 1. From this it will be seen that the library will need more money to keep up with similar libraries elsewhere, and especially to make up for its lean years and the monographs it lacks. If possible, provision should be made for an increase in the regular budget. The binding budget might well be doubled to provide for the many journals not yet bound and to preserve the journals for future use at a smaller cost than re-purchase, a likely necessity where journals are left unbound for any length of time.

#### Binding

In the question of binding it is also recommended that a serious attempt be made to have the library binding done by commercial binders, rather than by the Government Printing Office as at present. The charges of the Government Printing Office are extremely high as compared with the costs of commercial binderies doing similar work, and the provision of the rules of the Government Printing Office that libraries prepare more detailed instructions than are required by commercial binders makes for hidden costs in personnel time of the library. In addition, the Government Printing Office requires what no commercial firm would dare to require, that binders' errors be paid for by the library.



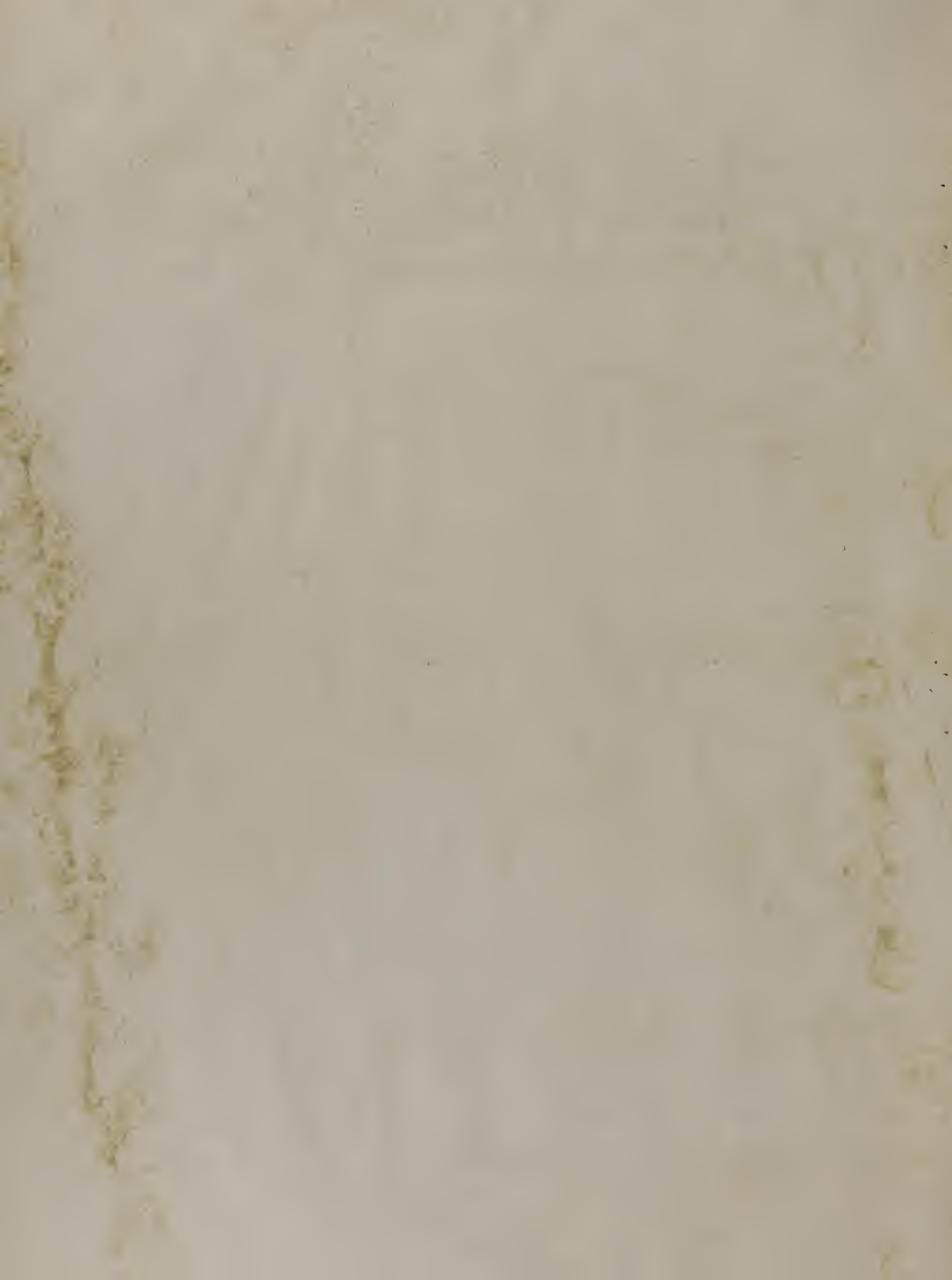
Library	Number of bound volumes	Total number of staff (Professional staff)	Budget for purchase of books and journals	Number of journals received currently
National Institutes of Health Library	90,000	17 (8)	\$8,000	950
Army Medical Library	650,000	200 (69)	\$200,000	7,428
Boston Medical Library	204,000	11 (6)	\$38,561	795
University of Chicago Biomedical Library	116,700	15 (3)	(books \$9,941 only)	3,850
College of Physicians of Philadelphia Library	171,275	11 (6)	\$16,000	1,346
Columbia University Medical Library	155,000	22 (8)	\$20,000	1,750
University of Illinois Medical Library	95,000	13 (6)	\$22,000	1,000
John Crerar Library	700,000	70 (41)	Not given	4,100
Johns Hopkins University Medical Library	156,764	12 (7)	\$31,500	650
University of Minnesota Medical-Biological Library	104,591	6 (4)	\$20,000	979
New York Academy of Medicine Library	267,190	50 (24)	\$40,000	2,249
Stanford University Medical Library	117,000	9-1/2 (4-1/2)	\$20,000	746
Tulane Univ. Med. School and Orleans Parish Med. Sch. Lib.	80,445	8 (4)	\$13,000	832
Yale University Medical Library	157,000	13 (8)	\$17,880	800

Figure 1.

Relative standings of important  
American Biological and Medical  
Libraries.

From figures in Directory of  
Medical Library Association.  
Baltimore, Waverly Press, 1951.





The importance of binding to the smooth running of a library cannot be overestimated. Unbound journals are difficult to arrange, shelve, obtain, and use. They get worn out more quickly than bound journals and must be replaced. Pages become loose and are lost. Indexes stray from the original issues making their use difficult. Special shelving arrangements must be made which require special equipment or extra personnel time. All in all it has been found cheaper and more satisfactory for libraries to bind all journals which they intend to keep. On the basis of this, the National Institutes of Health library has indeed been a stepchild.

#### Exchanges

Libraries with small budgets have been known to eke them out by resorting to exchanges. These fall into two classes: the exchange of substantive publications of the institution with which the library is affiliated for substantive publications of other institutions (for example, the exchange of the National Institutes of Health Bulletin series for the Medical Research Council's Special Report Series), and the exchange of duplicate and unwanted journals and books with other libraries. While both of these methods have been used by the National Institutes of Health library, they have not been pursued with as much zeal as they might, and it is therefore recommended that a more dynamic library policy of exchanges be followed. For this it would be necessary that a definite number of the serial publications of the entire Institutes be turned over to the library for distribution, and that the staff take more time to foster library-to-library exchanges along the lines of the Medical Library Association Exchange and the U. S. Book Exchange.

of the

...and the ...

right, and if the existing regulations that I have already passed

of exchange

number of the writer's publications or other information.

THE UNIVERSITY OF CHICAGO LIBRARY

Coastal Library-Johnson Collection

Association Lixiang



## Equipment and facilities

No attempt was made in this survey to consider the present facilities of the library, except in the case of those facilities which were to be transported to the new library. A detailed report on the space and equipment needs of the library in its new quarters was prepared by the Librarian, and forms an Appendix of this report. In calculating these items, much weight was given to the statements of the scientists interviewed as to the facilities they desired in a research library.

Chemistry reading room. Over and over again the chemists and physicists complained about the fact that the books and journals they desired to consult were circulating from the library when needed and not easily obtainable from the individuals who had withdrawn the volumes from the library. Just as insistent on the other side were those who felt that books and journals should be allowed to leave the library to be used in the places where they were most useful to the scientist consulting the literature. The latter group consisted almost entirely of the scientists in the quasi-clinical fields--microbiology, pathology, cancer, and the like. In order to satisfy both groups it is recommended that a special reading room be set up in the new library to house the indexes and abstracting tools in chemistry and physics as well as an array of pertinent journals in these fields for the last fifty years. These works should not be allowed to circulate at any time when the library staff is on duty; they should perhaps be allowed to leave the library at five o'clock with the provision that they be returned by 9:30 the next morning. In this reading room the indexes and abstracts should be arranged as the chemists and physicists use them, and the journals should be alphabetized by the title of the journal. Monographs should be kept at a minimum, generally





in the latest editions only, but all necessary Handbücher or compilations of numerical data should be shelved nearby.

Microfilms and photostats. The present policy of the library is to issue books needed for microfilming or photostating to a user personally, and to have him make the necessary arrangements for the filming at the Institutes' centralized photoduplication service. Several scientists interviewed suggested that the library take over the photoduplication of material needed by readers. This is not recommended by the surveyor because of the expense involved in the purchase of expensive optical equipment, because it would make it necessary to install a laboratory and darkroom for the processing of such photocopies, and because this would be an uneconomic way of providing the comparatively small number of photostats and microfilms needed. It is tempting to suggest that the library act as liaison between the reader wishing a photocopy and the Institutes' photoduplication service, but as long as it is necessary for the requester to go thru individual institute channels to have his request for photoduplication approved and the money obligated for its payment, it is difficult to see how the library can act as middleman without a great deal of time-consuming bookkeeping.

Because the photoduplication departments of the Army Medical Library and the U. S. Department of Agriculture are set up to make photocopies at very little cost, it is recommended that more use be made of their services. Copies of all journal articles desired by a National Institutes of Health reader which are in the library of the U. S. Department of Agriculture or at the Army Medical Library should be ordered directly from those libraries rather than having them made at the National Institutes of Health. This would take a large part of the burden from the





overworked National Institutes of Health photographic department. Moreover, since the small number of orders processed on the reservation (in comparison with non-library photography) puts these orders in the class of custom work, and it is axiomatic that custom work is expensive work, this buying of photocopies from other libraries would probably save the National Institutes of Health a fair sum each year.

Reading space. Most scientists are intensely personal readers. For that reason large reading rooms with rows upon rows of forbidding desks are incongruous in an institute library. What is needed, instead, are private reading spaces where the worker can leave his papers and books for several days if necessary. Preferably such reading spaces should be close to the particular literature which the individual worker uses regularly.

While it may not be possible to provide study rooms and study desks for all the users of the library, it is feasible and it is recommended that a large number of carrels and a few conference rooms of various sizes be provided in the stacks and along the edges of the collections of abstracts and indexing tools. These desks and offices should be assigned for specific periods, depending upon the particular piece of work on which the scientist is working at the time, and should be automatically vacated or renewed at the end of that period. Care must be taken, of course, that the workers to whom conference rooms are assigned do not make indefinite private offices of them, to the deprivation of others. It is also necessary for the library to be aware at all times of whatever material has been placed on these tables; standard library practice provides such controls, and the technical appendix to this report will have more definite suggestions in this field.





The foregoing does not mean to imply that some general reading areas are not necessary or desirable. The so-called physics-chemistry reading room will need a reading area attached to it; a small general reading room will also be necessary in the reference room or alcove, and some provision must be made for readers consulting the current journals.

Current periodical reading rooms. Many of the individuals interviewed remarked that they dropped into the library at regular intervals to browse among the new journals. As a matter of fact, it was this argument that was most frequently given for the establishment of individual institute libraries: namely, that it was useful to have a small collection in their own building in which scientists could browse on their way to or from lunch. Under these circumstances it behooves the library to provide adequate and comfortable quarters for the browsing process. This is most easily done in a room where the issues of journals making up the current volume are kept, where the very last numbers are displayed and where the back issues of the volume are stacked within easy reach. Various methods of doing this have been worked out; the method here recommended consists of sloping shelves set above ordinary shelves, so that the current number can be displayed on the sloping shelf, where it will be very easily noted, and the back numbers of the current volume can be shelved directly underneath the sloping shelf on the ordinary shelf. In addition to this, a small table should be placed at a strategic position, and the journals received that day should be spread on the table for all to see. Such a system might do away with the necessity for a daily typed list of all the journals received by the library, which has been suggested by several scientists as a useful aid.





## Services

### Centralization vs. decentralization

Basic to any decisions about the services which the library should offer is the question of the centralization of all National Institutes of Health library services in one library, or its decentralization to individual institutes. This is a problem which has faced American universities for the last 25 years, and which is beginning to be felt in the European universities now. In general, those universities and research institutes which have seen their way fit to provide strong centralized over-all authority in the chief librarian have become universities and research institutes with outstanding libraries. This has been true, for example, of Harvard and Columbia Universities, with their centralized library control, while the lack of such control is one of the reasons why in the 1920's and 1930's the library of Cornell University fell from its previous high eminence. Indeed, this fact has become so well known that many university statutes now contain statements that all books, journals, pamphlets, etc., purchased from University funds shall be a part of the University library and under the jurisdiction of the librarian. (See the statutes of New York University, Columbia University, and University of Illinois, e.g.)

#### New York University:

"There shall be a Director of Libraries appointed by the Council. ... All purchases of books for the various libraries shall be approved by him and he shall attempt to avoid needless duplication by defining and limiting the scope of each divisional library...

"All books, periodicals, and other reading matter purchased from University funds, or given to the University, which are used for reference by faculty or students shall be regarded as an integral part of the University libraries and subject to the administration thereof."





Columbia University:

"All books, maps, charts, and other printed matter given to the University or purchased from funds appropriated by the Trustees or given for that purpose shall be deemed a part of the Libraries and shall be marked and catalogued as such; and all such purchases shall be made by the Libraries and shall be marked and catalogued as such; and all such purchases shall be made by the Libraries except that similar material needed continuously in administrative offices and laboratories may be deemed a part of the equipment of departments and purchased, paid for, and cared for under the rules governing departmental equipment..."

University of Illinois:

"The Library includes all such books, pamphlets, periodicals, maps, music scores, photographs, prints, manuscripts, and other materials as are commonly preserved and used in libraries, purchased or acquired in any manner by the University to aid students and investigators."

The reason for this is easy to find. In all large institutions it has been found that the provision of "a few books and journals in the office of a professor" has led to extreme duplication of purchases without clear frequent use of the duplicates. (This has happened in the National Institutes of Health already, where in 1949/50 seven times as much money was spent on individual institute libraries as was spent on purchases for the central National Institutes of Health library.) Moreover, this costly scattering has made it impossible to hire competent people to run the resulting small libraries. The draining off of much of the institution's book-purchasing power in small dribbles has usually resulted in the inability of the institution to purchase large or expensive works or collections when they are offered for sale. Here again a kind of vicious circle sets in, for unless there is a good library, well-trained and alert scientists will not wish to come to the institution; without them good libraries will not be demanded. A poor library, in addition, cannot attract the best librarians; with a poor central collection and a poor library staff the clamor for departmental libraries responsive to the needs of the more vocal members of the individual departments will become greater.





In addition to these considerations, it should be pointed out that dispersal of the resources of any institution can only be satisfactory if there is: 1) a knowledge of where the resources are stored, and 2) the ability to tap those resources when needed. The first implies a union catalog of the holdings of all the institutes, which is impossible with the present National Institutes of Health library staff so long as the sum of the purchases of the individual institutes remains seven times that of the central library. The second requirement means that it is of no help to know where on the reservation a book or journal is supposed to be if the reader desiring it cannot or will not be allowed to use it. In this connection it must be pointed out that losses from small, unsupervised collections are large, and that many research workers take a possessive air about books purchased for their use by the institution as a whole.

The small departmental library was set up in America on the example of the German "seminary" libraries, which many post-graduate students had used in Europe in the 19th century. It has gradually been found not to fit the American research institutes and universities, and most of its main features have been abandoned. What has survived, however, might well be taken as a pattern by the National Institutes of Health. If the pattern is accepted, it would mean:

1. All books, journals, and pamphlets purchased by the National Institutes of Health would be the property of the library and under the jurisdiction of the librarian.
2. Small branch libraries would be set up by the library wherever need was apparent. In the National Institutes of Health, this would probably mean one branch in Building 6 or T-6, which is quite distant from the proposed main library, and one branch



located at Building 3 or T-3, both because of the distance from the main library and because of the subject matter being investigated there. These branch libraries would have an upper limit of size--possibly 1000 volumes--and the staff of the branches would be directly responsible to the librarian of the National Institutes of Health. The budgets for these libraries would be under the control of the Librarian. Duplicates of all material in the branches would be acquired for the main library unless the librarian decides otherwise.

3. All books and journals needed by individual scientists as desk copies would be purchased out of equipment budgets of the individual institutes and would be accounted for on whatever scheme other equipment--such as centrifuges--are accounted for.

4. All plans for libraries, reading rooms, study rooms, or similar feature by whatever name in the institutes now set up or planned for the future would be approved by the librarian before being budgeted for.

It is true, it seems to this surveyor, that the National Institutes of Health is not yet ready for this centralization. From the point of view of the library user, the present library is not adequate for one reason or another, and taking away his institute library will only make the scientist's work more complicated. There is, also, a strong feeling of ownership by the laboratory worker in the institute libraries, and members of the various institutes are naturally loathe to give up the control of their small collections for theoretical future benefits.





From the point of view of the library, also, the staff is not yet adequate either in size or training to handle the additional problems which such a change would bring about. The collections in the main library need strengthening and the techniques of the library staff need some overhauling. It seems reasonable to believe that with an adequate budget, clearsighted professional leadership, and a few years in which to get its own house in order, the main library and its staff will be capable of giving the National Institutes of Health excellent library service. When that point arrives, it is recommended that the present haphazard scheme of building up large individual institute libraries of amorphous character and great cost be summarily stopped, and that the Librarian of the National Institutes of Health be made so in fact as well as in name.

#### Bibliographic services

It is felt that the library of the National Institutes of Health should present the enquirer with as large a collection of bibliographies, indexes, abstracting tools, and reviews of the literature as the budget will allow. In addition, the library staff should not be merely custodial in nature ("Stockroom librarians") but should be the National Institutes of Health's specialists in bibliography of the subjects under investigation. It should, however, leave the detailed use of these published guides to the literature and especially the interpretation of the material located in them to the scientist, and should not attempt to do more than point the way for the research worker. It is, it seems to this surveyor, the province of the librarian at the National Institutes of Health to find, the scientist to use the writings of other workers. This is not true in all libraries, nor is it always true in the same library at all times. In some libraries,





especially those established by research institutes of commercial firms, a special effort is made to hire young scientists as librarians. (1) In some of the great national libraries, such as the Library of Congress or Army Medical Library, specialists are attached to the staff to interpret findings for certain classes of readers: Where such specialists are on library staffs, it is fitting and proper that the library undertake some of the literature searches usually done by the scientist; but if the staff is not so expertly trained, the resulting work turned out by the library is likely to be ludicrous. It is not possible to do the literature search of organic compounds or survey the field of the statistical factors in oncology, for example, with a background of French literature and a desire to help. However, as pointed out in detail in the technical appendix, if care is taken when appointing new staff members to get individuals with the requisite scientific backgrounds, a group of librarians can be brought together who are capable of doing much useful bibliographic work.

One facet of bibliographic work which the staff can and should do, however, is that of checking bibliographies for papers about to be published. It has been said facetiously that librarians do not need to know anything; all they need to know is where things have been recorded in print. This witticism has much truth in it; for it is the knowledge of bibliographic techniques and of guides to literature that are the mark of the professional librarian. With this knowledge the library staff is in a better position than any of the scientists to track down elusive references and to put them in the correct bibliographic order. All National Institute of Health writers should be able to bring their unfinished papers to the library staff and have the citations to the

(1) Schulze, E. L. Wanted: more library chemists. J. Chem. Educ. 23: 176-8, Apr. '46.





the literature put in complete and exact form as required by the particular publication for which the paper is intended. Here, as in other bibliographic work, the knowledge and skill of the professional staff of the library is of first importance. This should be built up as much as possible and as quickly as possible, so that the National Institutes of Health can give the kind of bibliographic service which it should and which the scientists and administrators at the National Institutes of Health have the right to expect. (1)

### Catalog

Not a single scientist interviewed on the reservation said that he used the subject approach to the catalog for any books in his own field. A small minority occasionally consulted the catalog from the subject point of view in order to find a general text in a subject about which he knew little. Non-scientific users of the library, on the other hand, were more likely to approach the catalog trays with a subject in mind. A number of research workers reported they had given up looking for texts in the catalog by subject because the library's monographic collection was so outmoded it was not safe to trust the catalog without aid from a specialist in the field.

- (1) "If the library is merely a storehouse for technical information, tended by one or two custodians, the scientist or engineer must be prepared to consume valuable hours of his time searching for material he needs. He may find it or he may not, but it is fairly certain that he will not find everything that is pertinent to his particular inquiry. And the more material added to this custodial type of library, the harder it becomes to locate specific items. The larger library whose role is not merely custody of material, will have staff members who, by reason of their training and experience, can anticipate the library needs of the scientist or engineer. These staff members can call attention to information pertinent to the work of particular scientists or engineers; they can catalogue and organize the library collection to coincide with the subject interests of the organization; and they can prepare bibliographies and reading lists in anticipation of projects requiring background studies of the technical literature. The concept of the size of a library, then, includes both the number and kind of professional services required of the staff, as well as the amount and variety of the library materials." (Jorgenson, R. E. and Carlson, I. G. Building an effective technical library. Science, 112:736, Dec. 22, 1950.)





In view of the great expense which library catalogs entail, and in view of the inadequacy of the result to most of the users of the National Institutes of Health library, it is tempting to bring up the question of the need for a subject catalog in this particular library. Since all monographs are placed on the shelves in classified subject order according to the Library of Congress classification scheme, and since the shelves are open to access of all National Institute of Health readers, there is, in effect, a rough subject classification system even without a catalog. Would, perhaps, a simple author and title finding list be as useful to the public as the present dictionary catalog? Is it perhaps true that the subject catalog is only useful to the library staff, and might it be that where it is of help to them it is not of help to readers? The surveyor has no way of telling, but suggests a step which might settle the question; namely, the splitting of the catalog into an author-title section and a subject section. If the subject section were placed where users working with it could be noted and tabulated, it would soon be possible to know how much use and what kind is made of that portion of the file. A divided catalog is not an innovation--the Army Medical Library and the Library of the New York Academy of Medicine, to name just two in the field of medicine, possess such catalogs and find them useful. To divide the National Institute of Health catalog would thus not mean returning it to dictionary form if it were finally decided to retain a subject file.

It has been pointed out already that with the advent of the clinical center there will be an influx of new kinds of users to the library--nurses, clinicians, physical and occupational therapists, dieticians, aides, and the like. With the growth of the various institutes more non-scientists will be using the library in order to answer questions from laymen and in





order to give out the correct information about the work being done at the National Institutes of Health. These people will use the library on a wider but shallower basis than do the present research workers, whose knowledge of the literature of their particular small segment of science is more profound. For the non-scientists more help in the use of the library must be provided than to the scientists, and it is possible that a subject catalog will fulfill their needs. It should be pointed out, however, that a catalog made for these people will have to be different from one made especially for the research workers or for the library staff. It is not possible to make a catalog for all three groups, and the particular group taken as the typical or ideal catalog user should be seriously considered.

#### Reference Work

The reference work done by the library (answering of questions for readers, locating of information, etc.) is not spoken of highly by most research workers on the reservation, though the non-scientific writers praise it greatly. To this surveyor it seems obvious that previous reference work has not been up to standard for a library of the size and importance of the National Institutes of Health. This is partly due, it is believed, to the lack of definition of duties of the library staff, recently corrected. As a result of the lack of definition, everyone on the staff was doing reference work, which meant no one was doing it. A more serious difficulty, however, is the lack of scientific training and standard experience of the library staff. Except for a few individuals, the library staff has serious weaknesses in general college education, knowledge of the sciences under investigation at National Institutes of Health, foreign languages, and previous experience in well-run libraries of similar scope elsewhere.



It is therefore recommended that new appointments to the library staff be made in line with the need for better training in science and in foreign languages, as well as an awareness of the importance of previous experience.

It should be pointed out here that all individuals who commented on the library staff, even those who criticized it for its inability to do high-grade professional work, praised the members of the staff for their willingness to do whatever they could, their pleasant manner, and their sincere interest in their work. These are valuable traits in any group coming in contact with research workers.<sup>(1)</sup>

(1) Mettler, F. A. What does a research man want of a medical library? Bull. Med. Lib. A. 36: 28-33, 1948.





## Summary

1. A survey of the collections, the equipment and facilities, and the services of the National Institutes of Health was made by interviews and by checking lists of books and journals.
2. It was decided that the collection needed strengthening in the field of monographs and textbooks of the last twenty years and in all works in some subjects recently added to the research work of the National Institutes of Health. Scattered journal titles and more works on a lay or semipopular character were also found to be needed. Methods of enlisting the aid of the National Institutes of Health specialists in building up the collection are suggested.
3. Some general observations on the equipment desired by the staff of the National Institutes of Health in the new library are made.
4. It was pointed out that services of a high order require a library staff and a budget of high order. Suggestions for raising the caliber of the staff and for sketching out the budget of the library are offered. The question of centralization vs. decentralization of library facilities, the usefulness of a dictionary catalog, and bibliographic and reference services are discussed.
5. A technical supplement will discuss the internal workings of the library and make suggestions for a more economic use of the available manpower and budget.

## Technical Appendix

### Overall impression of the library

The surveyor was struck by the evident enjoyment of the staff members for their work and by the excellent esprit de corps and high morale. In practically every instance, also, the scientists and other library users

## Section 1

The object of the Bill is to provide for the collection of the duties on the importation of certain goods and to provide for the collection of the duties on the exportation of certain goods.

The Bill provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods. The Bill also provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods.

The Bill also provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods. The Bill also provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods.

The Bill also provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods. The Bill also provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods.

## Section 2

### Section 2

The Bill also provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods. The Bill also provides for the collection of the duties on the importation of certain goods and for the collection of the duties on the exportation of certain goods.



have preceded duty at the National Institutes of Health library. (1)

This represents the ideal background, and the closer the staff approximates that ideal, the more likely it is to give professional service of a high caliber. While it is not possible always to get this ideal, it is usually not necessary to deviate so far from it in so many positions as does the National Institutes of Health library. The number of librarians above the beginning professional grade who do not possess college backgrounds or a good knowledge of science or foreign languages is abnormally high. Whether this is the cause for the inability of the staff generally to see alternative ways of doing things or to give high-grade bibliographic and technical assistance to the scientists is not known to this surveyor, but it seems a likely explanation. Certainly the proportion of clerical to professional workers in the library is smaller than with most library staffs, which usually have 1-1/2 to 2 clerical workers to each professional worker.

#### Division of duties

Libraries with small staffs may well go along with little definition of the duties of individual members of the staff, on the theory that all must take part in all parts of the work. This lack of specialization, however, cannot be continued when the staff or the duties of the library become greater without a corresponding loss in efficiency. The National Institutes of Health library has long passed the stage when any staff member could do the work of any other staff member, yet little has been done until recently to divide up the duties to be performed and to assign these duties to individual workers on the basis of special knowledge or previous experience. The most glaring examples of this are in the field of clerical work and in binding.

(1) Jorgensen, W. E., and Carlson, I. G., op. cit.





To pay professional salaries for clerical work is a waste of money. If there are enough clerical tasks to keep one or more people busy full time, it is wise to extract those clerical jobs from the duties of all the professional staff and have them performed by a clerk. In this way the cost of performing the tasks becomes less and the work itself is done more efficiently by people who are trained to do it. In the National Institutes of Health library this would mean first of all surveying the work of the entire staff, extracting from each professional worker's duties such things as typing routine letters, making labels for the backs of the books, wrapping packages, and the like, and assigning a clerical worker to the tasks. This might involve the hiring of another typist, which on the face of it would seem to be adding to the size of the staff; but the advantages would come in that the professional staff would then be freed to add to their present work the professional tasks which they have not been able to do and about <sup>the lack of</sup> which the scientists on the reservations complained. For a time, the extra time might profitably be spent in postgraduate education on an individual basis on the job.

Even more unwieldy has been the solution worked out to the binding problem. Because each member of the staff had more duties than could conveniently be taken care of in the normal working time, it was considered impossible to assign any one individual to work with the binding. Instead, each member of the staff has been asked to spend half an hour each morning on collecting journals for the bindery, collating them, making the necessary records, inspecting the volumes when they are returned, and seeing them through all the final steps back to the shelves. It is not surprising therefore, that there is no binding program, that the records are in a slanted condition, or that much important binding is simply not done. That is



...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

...the ... of the ...

commented on the helpfulness and eager willingness of the library personnel. On the other hand, the surveyor was also struck unfavorably by the small results obtained for the great amount of energy expended by the staff. Although all worked hard and happily at their tasks, most did not seem to be working at a high level of efficiency. Too many times an outmoded or more difficult method was used merely because it had always been used. Almost no experimentation and little self-education was being undertaken.

The general appearance of the library quarters was pleasant but stodgy; the stacks gave the impression of considerable disorder without much change from day to day and week to week. An impression of starting several worthwhile projects without finishing them was given by the fact that shifts in stack shelving did not move nearer completion all the time the surveyor was on the reservation. Files of journals remained on tables and floors in stack areas thruout the survey. Preparation of unbound journals for the bindery went on at so slow a pace, the stacks housing these issues never looked any different. All this must have had important effects on the feelings of frustration of the staff.

#### Staff

Background and training. The ideal background for a professional librarian at the National Institutes of Health library would be academic training in one of the subject fields under investigation on the reservation, a reading knowledge of at least two foreign languages, and a degree in librarianship from a school emphasizing the training of specialized librarians. Knowledge of the literature of science in general or of a particular science should have been acquired by formal courses or by much practical experience in a laboratory. In addition, for all except the beginning positions, some experience in a well-run library of similar aims should

NATIONAL LIBRARY OF MEDICINE  
WASHINGTON, D. C.





needed, it seems to this surveyor, is the assignment of one member of the library staff--and not necessarily a professional member, though one with much experience or training--to be entirely in charge of the binding program under the direct supervision of the librarian.

In connection with the problems of binding, it should be pointed out here that the records kept on this vital function are extremely poor. Not only is it true that the only record of the holdings of the library's bound journals is on rather amateurish binding cards, but also the records of the whereabouts of the journals when at the bindery are also poor, with the result that much time and effort are spent by the staff and readers in tracking down journals not in their correct places on the shelves. It is recommended either that a copy of the binding instructions serve as a shelf charge for material at the bindery or that a charge card be filed in the circulation file as soon as the unbound journal issues are collected for binding. Since the National Institutes of Health library uses book cards in all its bound volumes, it would be entirely possible to prepare this book card at the time the journal is collected, and to use this card both as a bindery charge and as the book card when the journal is returned bound.

One of the more gratifying observations of the month this surveyor spent at National Institutes of Health Library was the gradual definition of the duties of the staff. While by no means complete, it has taken important steps forward. Figure 2 is a suggested organization chart for the library staff based upon the work being done at the library and the qualifications of the staff now attached to the National Institutes of Health. Two points should, perhaps, be noted. Although binding is now placed directly under the Librarian, it is, of course, part of the processing of books and should eventually return to that more logical position. This



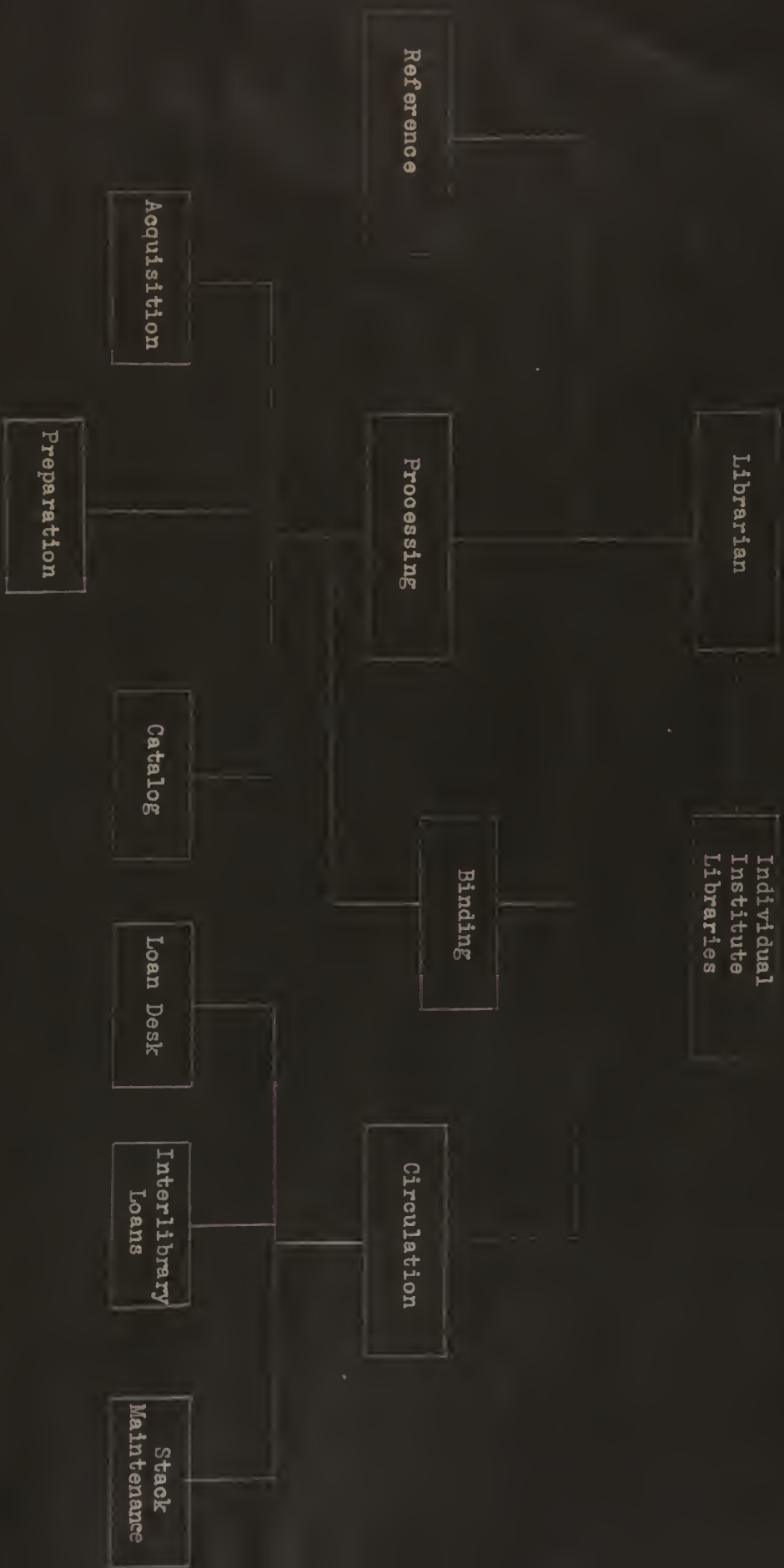
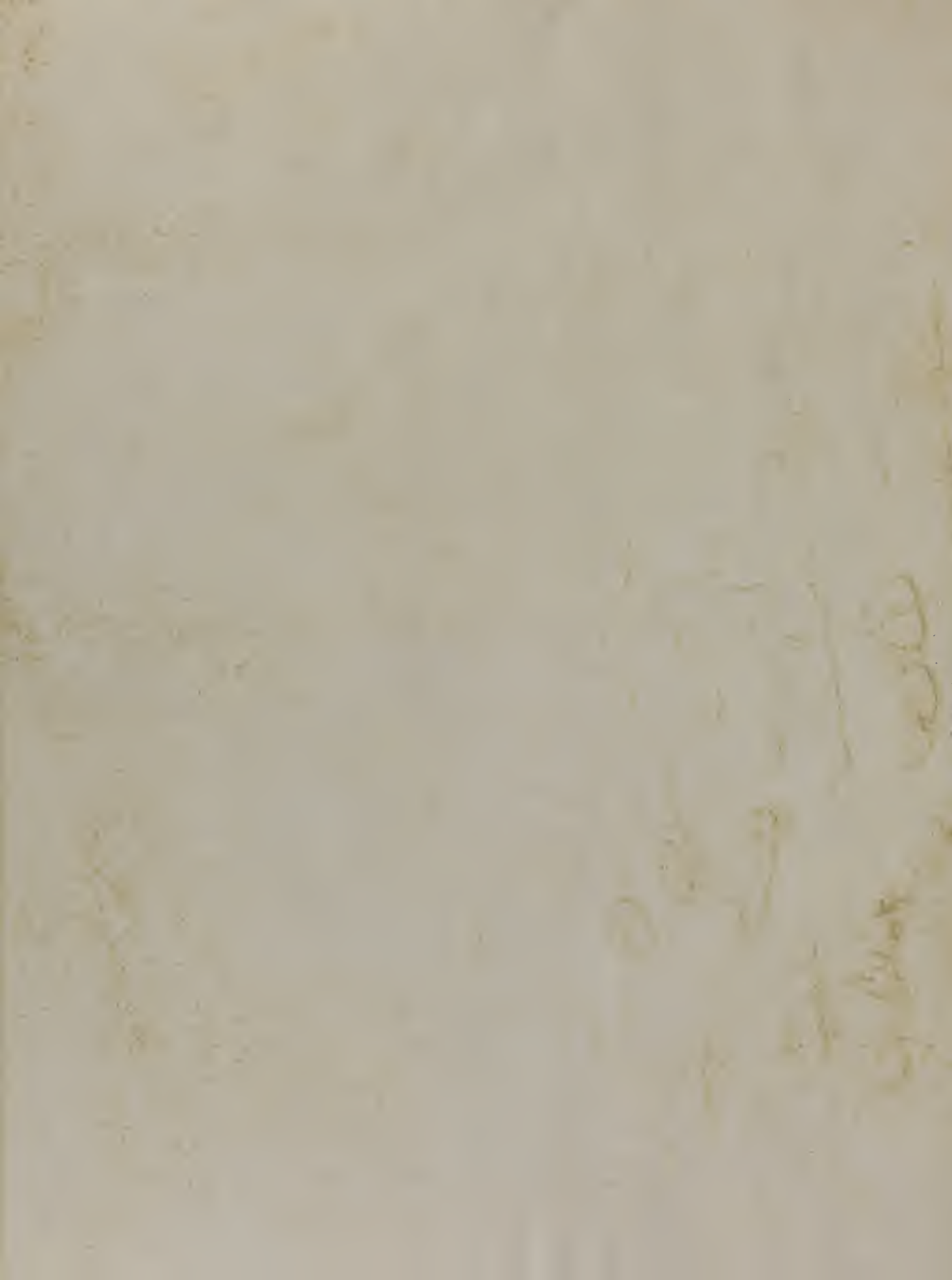


Figure 2  
Suggested Organization Chart for  
National Institutes of Health Library





does not seem possible at this moment because of the tremendous backlog of unbound material and because the attempt to get permission to use a commercial binder will require the personal attention of the librarian himself.

Similarly, acquisitions work is placed under processing, but the choosing of the books and journals should be done as much by the Librarian as by anyone else. The Librarian, with the aid and advice of the members of the various institutes, should select the books for the processing staff to acquire, catalog, prepare, and send to the shelves. The excellence of the library will depend ultimately upon the caliber of the collection that is brought together, and the Librarian can not safely delegate this responsibility to his present staff.

#### Acquisitions Section

In addition to those problems of the selection of material to be added to the library which have already been discussed, there are the problems of the technical methods by which the material is acquired. Order forms and blanks now used are those set up by the National Institutes of Health Purchasing Department and are not especially adapted to libraries. An attempt should be made to see if forms which are better adapted to the library's use will be acceptable to the purchasing office. If this is not possible, then thought should be given to using duplicates (carbon copies) of purchasing forms for library uses to do away with the necessity of transcribing items from order blanks to other files. It is likely that the fan-folds used in many large libraries can be used at the National Institutes of Health.

The library purchases most of its current American works from the Cucumber Bookshop in Bethesda at a straight 100/o discount. There is much





to be said, of course, for the employment of a local bookshop which can give immediate and personalized service; but it is questionable whether these advantages are not erased by the fact that 1) the Cucumber Bookshop is not a store specializing in technical books or 2) the smallness of the discount allowed. A specialized medical or technical bookstore would be able to call to the attention of the library many newly published works in its field, or even leave them for a week on approval, and it is possible that a discount somewhat larger than 10% might be allowed. On the other hand, such a bookstore would be further away than the Cucumber Bookshop and probably could not guarantee 24 hour service. A more complete check of the two methods of acquiring books should be made by the Librarian.

### Reference Tools

The library needs a larger collection of reference tools for the use of its staff and readers than it already has, but most of the staff questioned seemed to be content with the collection already in the library. It therefore seems necessary to provide some extra education in reference tools and their uses for the entire professional staff. This might well take the form of informal discussions by the Librarian, of encouraging the staff to formal or individual education in certain subject areas, of surveys of the collection by the staff (for example, one survey might be on the tools needed by a cataloger in name determination, or the pertinent collections of chemical data needed by all chemists), or of any combination of these and other methods.

At the time that such a collection is built up at National Institutes of Health it would probably be profitable for the entire Institutes for the Librarian to talk to interested scientists once or twice a year on standard and new bibliographic tools in their fields. It is suggested, however, that

and the same day a letter was received from the Secretary of the

Board of Directors of the same date, and the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day

the same day the same day the same day the same day



a good collection and real knowledge of the tools be assembled first.

### Circulation

The National Institutes of Health library reports a circulation of over 50,000 a year. With so large a circulation it is necessary to have accurate and easily located records, as well as a good follow-up system for material not returned on time. It is recommended that the present National Institutes of Health call slips be redesigned keeping in mind the possibility of using either marginally punched cards or multi-carboned forms or both. A well designed form is one that can be used not only for the circulation record, but can be turned into an overdue notice with no extra work. A sample of the Army Medical Library form is attached.

### Reading desk charges

Many libraries have devised methods for accounting for books left by readers on carrel and study desks. Probably the simplest method is the double card shown in figure 3, half of which is placed inside the book (with a portion showing above the binding) and the other half of which is used as a charge in the circulation file. When this card is used, the reader merely reverses the card at will so that the sentence, "Return to shelves" is visible. A page goes past all the desks once daily to make sure that all the books on the desk are properly charged and that the ones ready for shelving are removed promptly.

### Messenger service

Thruout the interviews there was heard a lament about the poor messenger service to and from the library. This is not something about which the library can do much, since the messenger service is controlled centrally. In view of the damage done to the library books by the rough handling accorded them by the messengers as well as the library staff time which must be spent





Call No.	_____
Author	_____
Title	_____
_____	_____
Vol.	_____ Year _____
Reader's Signature	_____
_____	_____
Desk No.	_____
=====	
Return to Shelves	
_____	
Desk No.	_____
_____	
Reader's Signature	_____
Vol.	_____ Year _____
_____	
Title	_____
Author	_____
Call No.	_____

Figure 3.  
Carrel or Study  
desk charge





TO: ARMY MEDICAL LIBRARY  
WASHINGTON 25, D. C.  
LOAN OF THE ITEM BELOW

IS REQUESTED

C25802X

ADDITIONAL  
MICROFILMED  
BY 1-10-57

AM 812-10-10-10  
U.S. ARMY NO. 100-110

TITLE OF PUBLICATION

CALL  
NO.

Z

Y

X

W

V

AUTHOR

U

T

EDITION

PUBLISHER

ACCT. NO.

10

S

VOLUME

PAGES (INCL.)

YEAR

20

R

TITLE OF ARTICLE

30

Q

10

P

20

O

SIGNATURE

30

N

ADDRESS

10

M

20

L

30

K

CITY

STATE

J

I

H

G

F

E

D

C

B

A



in wrapping the books individually before they can be sent via messenger service, it seems fairly obvious that the National Institutes of Health as a whole would save by detaching one messenger from ordinary service and assigning him to two runs a day, exclusively from the library to the other buildings on the reservation. Under these conditions, the library would not have to wrap the books, and there would be the ability to pinpoint responsibility for the deliveries or nondeliveries.

### Serials record

Serials received by the library are now checked in at several points, seemingly without too much logic as to why individual serials are checked at the points they are checked. In addition, some serials seem to be checked in twice. What is needed and recommended is a centralized serial record which would contain cards for all the serials received in the library. These cards might well be kept in a 6x9 visible index which would give room for noting a large number of volumes on one card, especially important in the case of weeklies, as well as information about title pages and indexes, binding rules, duplicate copies and their disposition, and any routing which takes place. This serials record should be the official record for the library of all its current journals. As soon as the volume is complete, information to this effect should be sent to the binding assistant who would take the necessary steps to see that the volume is bound. Where issues are missing the binding assistant should inform the catalogers of this fact so that they can enter the unbound issues on the library's shelf list records. If the missing issues are later received, this shelf list record should be changed to give the new information. At the time that missing issues are located at the serial record, a note to that effect should be sent to the Acquisition section and steps should be taken to fill in the gaps.





### Uniting of the two libraries

One of the most important steps which needs to be taken is the integration of the two libraries of the National Institutes of Health. This project has been undertaken already, but it appears to be lagging behind original estimates of the time needed to do the job. Every effort should be made to have this task completed in the very near future.

### CONCLUSIONS

Throughout this Technical Appendix the surveyor has been sternly critical. She has done this because she feels that intellectual honesty is one of the prime requisites for any surveyor, and also because she feels that the members of the staff of the National Institutes of Health library have so great an interest in their work that they wish to learn of the defects of the library in order to set about wiping out these defects. All through the report, she has tried to offer only helpful criticism.

For the same reasons, however, the surveyor has come away with a kind of envy for the library staff and a warm feeling for their honest desire to give the best return for the money, equipment, and trust given them by the National Institutes of Health and all its members. With such a background, with an adequate budget, and with good professional leadership the library of the National Institutes of Health can certainly become one of the outstanding research libraries in the United States. Without the budget, but more especially without the leadership, the library may well quietly vegetate for years to come.

It is the only journal of the kind in the world, and it is the only one that is devoted to the study of the human race in all its aspects. It is the only one that is devoted to the study of the human race in all its aspects. It is the only one that is devoted to the study of the human race in all its aspects.

CONTENTS

THE JOURNAL OF THE ROYAL ANTHROPOLOGICAL INSTITUTE  
The Journal of the Royal Anthropological Institute is a quarterly publication of the Royal Anthropological Institute of Great Britain and Ireland. It is the only journal of the kind in the world, and it is the only one that is devoted to the study of the human race in all its aspects. It is the only one that is devoted to the study of the human race in all its aspects. It is the only one that is devoted to the study of the human race in all its aspects.



# NATIONAL INSTITUTES OF HEALTH STAFF MEMBERS INTERVIEWED ABOUT LIBRARY

November-December 1950

\*Barrett, M. K. NCI  
\*Brackett, F. S. EBMI (LPB)  
\*Brodie, B. B. NHI

\*Daniel, J. H. EBMI (LPB)  
\*Davis, D. J. MI-LID  
Doran, H. F. NCI  
\*Dunn, T. B. NCI

Fells, R. NCI  
\*Fletcher, H. G. EBMI-LCC  
Heftmann EBMI  
Hoffman, E. NCI  
\*Hottle, G. A. MI-LBC  
\*Hueper, W. C. NCI

Lester, B. B. NHI

\*Marshall, W. H. NIMH  
Meadors, G. F. NCI  
\*Mossettig, E. EBMI-LCC

\*Richtmyer, N. A. EBMI-LCC

Sapir, P. NIMH  
\*Shepard, C. C. MI-LID  
\*Small, L. F. EBMI  
\*Sollner, K. EBMI  
\*Specht, H. EBMI  
\*Spicer, S. S. EBMI  
Strom, C. R. NHI  
\*Sweat, M. L. EBMI-LBN

Titus, E. O. NHI

\*Udenfriend, S. NHI

Van Steenberg, E. NHI  
\*Von Oettingen, W. F. EBMI

\*Wright, W. MI

\*Yagoda, H. EBMI-LPB

\*Research workers

## NATIONAL INSTITUTE OF HEALTH LIBRARY STAFF INTERVIEWED

Carr, L. R.  
Collins, A. P.  
Corcoran, R. J.  
Cramer, D. M.

Dixon, M. A.

Fox, F. K.

Hall, F. B.  
Hudson, V. L.  
Johnson, M. E.

Robinson, T. P.

Smith, E. M.



QUESTIONS ASKED IN NATIONAL INSTITUTES OF HEALTH SURVEY

I. Users of library.

Use patterns.

1. How often do you use library?
2. Why do you use library?
  - a. to Browse (books or journals?) "Keep up with literature."
  - b. To get specific work you know of (where did you get reference?)
  - c. To answer specific question.
3. How do you use library?
  - a. Look it up in catalog?
  - b. Use indexes to literature? Which - regularly or occasionally?  
Your own or library's?
  - c. Ask a librarian?
4. Do you take material with you or do you read it in library?
5. How much professional reading matter do you personally buy?  
Get thru department?
6. Do you follow (or use) foreign literature? What languages  
will you tackle?
7. Where else do you get books and journals? How much use? Why?

Relation to National Institutes of Health library.

1. Do you generally find what you want in library?  
If not, is it out to another borrower? Missing?  
Now owned by library? (Do you use interlibrary loans?)
2. Is library conveniently arranged for your use?
3. Is library close enough to your laboratory?
4. What services not offered by library now would you like?
5. How is the staff of the library - knowledge of subjects,  
bibliographies, "manner," understand subject.

II. Library staff.

1. Training and background, including how long in National Institutes  
of Health library.  
Doing things not supposed to do?
2. What is your job in the National Institutes of Health? - job  
relations to others on staff?
3. Do you have adequate equipment to do your work?
4. Is the National Institutes of Health library collection adequate for  
the demands put on it? If not, what does it lack - a) indexes and  
bibliographies, b) reference tools, c) journals, d) materials in  
specific fields, e) other things?





QUESTIONS ASKED IN NATIONAL INSTITUTES OF HEALTH SURVEY (Cont.)

5. Who uses the library?
6. How do they use it? For what purpose? In what way?
7. What are the relations of library users and librarians?  
Including how do you react to lack of book or journal.
8. What is the library now doing which you feel should not  
be done? Why?
9. What is the library not doing which you feel it should? Why?

